BOSE WCKINNEY & EVANS LLP

09-20-02

2700 First Indiana Plaz

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2700 First Indiana Plaza 135 N rth Pennsylvania Str t Indianap Iis, Indiana 46204

PATENT APPLICATION

Applicant:

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Eckstein et al.

Serial No.:

10/085,966

Filing Date:

February 28, 2002

Title:

HYDRAULIC CONTROL APPARATUS FOR A

HOSPITAL BED

Group:

3754

Examiner:

Keasel, Eric S.

Attorney Docket No.:

8266-0823

Box Non-Fee Amendment COMMISSIONER FOR PATENTS WASHINGTON, D.C. 20231

Dear Sir:

Transmitted herewith is a response in the above-identified application:

The fee has been calculated as shown below:

| Certificate Under 37 C.F.R. 1.10 | | | | | |
|---|--|--|--|--|--|
| Express Mail No.: EL592236220US | | | | | |
| Mailed: September 19, 2002 | | | | | |
| I hereby certify that this paper or fee is being deposited with the United States Postal Service's Express Mail Post Office to Addressee" addressed to the Commissioner for Patents, Washington, D.C. 20231. | | | | | |
| Robert D. Null | | | | | |
| Typed or Printed Name of Person Mailing Paper or Fee | | | | | |
| - White 10 10 10 10 10 10 10 1 | | | | | |
| Signature of Person Mailing Paper or Fee | | | | | |

DLOGY CENTER 3700

| | | | _ | | | |
|--|---|---------------------------------------|-----------------|------|-----|--|
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NO. PREVIOUSLY PAID FOR | NUMBER EXTRA | RATE | FEE | |
| TOTAL CLAIMS (37 C.F.R. 1.16(c)) | 8 | 19 | 0 | \$18 | \$0 | |
| INDEPENDENT CLAIMS (37 C.F.R. 1.16(b)) | 2 | 4 | 0 | \$84 | \$0 | |
| If applicant has small entity status under 37 C.F.R 1.9 and 1.27, then divide total fee by 2, and enter amount here. SMALL ENTITY TOTAL | | | | | \$0 | |
| TOTAL FEE FOR ADDITIONAL CLAIMS | | | | | \$0 | |

*If the "Highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

| | An Extension of Time for month(s) is hereby requested under 37 C.F.R. 1.136(a). The required fee for filing this extension is: | |
|-------------|--|-------------|
| | Information Disclosure Statement | |
| | TOTAL FEE FOR THIS AMENDMENT | \$0.00 |

X __ A check in the amount of \$0.00 to cover the total fee for this amendment is attached.

The Commissioner is hereby authorized to charge any additional filing fees under 37 C.F.R. 1.16 or processing fees under 37 C.F.R. 1.17 which may be required during the prosecution of this application, or credit of any overpament, to Bose McKinney & Evans LLP's Deposit Account No. 02-3223. A duplicate copy of this sheet is enclosed.

Attorney of Record Printed Name: Robert D. Null Registration No.: 40,746

^{**}If the "Highest Number Previously Paid For" in this space is less than 3, write "3" in this space.